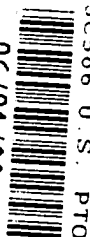


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|--|--|------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | Attorney Docket No.                      |                                    |
|  | First Inventor or Application Identifier | Scott, A. Sutherland               |
|  | Title                                    | Collapsible Baby Stroller And 9... |
|  | Express Mail Label No.                   | 261866601                          |

|  |   |
|--|---|
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>   | <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original and a duplicate for fee processing)</small><br>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>15</u> ]<br><small>(preferred arrangement set forth below)</small><br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to Microfiche Appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>6</u> ]<br>4. Oath or Declaration [Total Pages <u>2</u> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br><small>(for continuation/divisional with Box 16 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting<br>inventor(s) named in the prior application,<br>see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)<br>6. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small><br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><small>(when there is an assignee)</small><br>9. <input type="checkbox"/> English Translation Document (if applicable)<br>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>11. <input type="checkbox"/> Preliminary Amendment<br>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,<br><small>(PTO/SB/09-12)</small> Status still proper and desired<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>15. <input type="checkbox"/> Other: |

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27) EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|  |                             |           |              |          |              |
|--|-----------------------------|-----------|--------------|----------|--------------|
| <b>17. CORRESPONDENCE ADDRESS</b><br><input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below<br><small>(Insert Customer No. or Attach bar code label here)</small> |                             |           |              |          |              |
| Name   | Andreas von Flotow          |           |              |          |              |
|  | Hood Technology Corporation |           |              |          |              |
| Address  | 1750 Country Club Road      |           |              |          |              |
| City   | Hood River                  | State     | OR           | Zip Code | 97031        |
| Country  | USA                         | Telephone | 541-387-2288 | Fax      | 541-387-2266 |

|                   |                    |                                   |           |
|-------------------|--------------------|-----------------------------------|-----------|
| Name (Print/Type) | Andreas von Flotow | Registration No. (Attorney/Agent) |           |
| Signature         | H. von Flotow      | Date                              | 28 May 98 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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| <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <p style="text-align: center;"><i>Patent fees are subject to annual revision on October 1.<br/>These are the fees effective October 1, 1997.<br/>Small Entity payments must be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§ 1.27 and 1.28.</i></p> |  | <b>Complete if Known</b>                        |  |
|  |  | Application Number                              |  |
|  |  | Filing Date                                     |  |
|  |  | First Named Inventor <u>Scott A. Sutherland</u> |  |
|  |  | Examiner Name                                   |  |
|  |  | Group / Art Unit                                |  |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 395.00  |  |
| Attorney Docket No.  |  |   |  |

| <b>METHOD OF PAYMENT (check one)</b>  |                            | <b>FEE CALCULATION (continued)</b>  |                            |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
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| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number _____</p> <p>Deposit Account Name _____</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.18 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance</p>  |                            | <p>3. <b>ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,510</td><td>218</td><td>755</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>2,060</td><td>228</td><td>1,030</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="4">* Reduced by Basic Filing Fee Paid</td><td></td></tr> <tr> <td colspan="2" style="text-align: center;"><b>2. EXTRA CLAIM FEES</b></td> <td colspan="2" style="text-align: center;"><b>SUBTOTAL (3) (\$)</b></td> </tr> <tr> <td colspan="2"> <p>Total Claims <u>18</u> - 20** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Independent Claims <u>2</u> - 3** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Multiple Dependent <u>—</u> = <u>—</u></p> <p>**or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>790</td><td>201</td><td>395</td><td>Utility filing fee</td><td>395</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="4" style="text-align: center;"><b>SUBTOTAL (1) (\$)</b></td><td><b>395.00</b></td></tr> </tbody> </table> </td> <td colspan="2"> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>1. 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EXTRA CLAIM FEES</b> |  | <b>SUBTOTAL (3) (\$)</b> |  | <p>Total Claims <u>18</u> - 20** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Independent Claims <u>2</u> - 3** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Multiple Dependent <u>—</u> = <u>—</u></p> <p>**or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>790</td><td>201</td><td>395</td><td>Utility filing fee</td><td>395</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="4" style="text-align: center;"><b>SUBTOTAL (1) (\$)</b></td><td><b>395.00</b></td></tr> </tbody> </table> |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101 | 790 | 201 | 395 | Utility filing fee | 395 | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 540 | 207 | 270 | Plant filing fee |  | 108 | 790 | 208 | 395 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1) (\$)</b> |  |  |  | <b>395.00</b> | <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> |  | <b>1. BASIC FILING FEE</b> |  | <b>SUBTOTAL (2) (\$)</b> |  | <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>790</td><td>201</td><td>395</td><td>Utility filing fee</td><td>395</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="4" style="text-align: center;"><b>SUBTOTAL (1) (\$)</b></td><td><b>395.00</b></td></tr> </tbody> </table> |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101 | 790 | 201 | 395 | Utility filing fee | 395 | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 540 | 207 | 270 | Plant filing fee |  | 108 | 790 | 208 | 395 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1) (\$)</b> |  |  |  | <b>395.00</b> | <p>2. <b>EXTRA CLAIM FEES</b></p> <p>Total Claims <u>18</u> - 20** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Independent Claims <u>2</u> - 3** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Multiple Dependent <u>—</u> = <u>—</u></p> <p>**or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>22</td><td>203</td><td>11</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>82</td><td>202</td><td>41</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>82</td><td>209</td><td>41</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>22</td><td>210</td><td>11</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="4" style="text-align: center;"><b>SUBTOTAL (2) (\$)</b></td><td><b>—</b></td></tr> </tbody> </table> |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 103 | 22 | 203 | 11 | Claims in excess of 20 |  | 102 | 82 | 202 | 41 | Independent claims in excess of 3 |  | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |  | 109 | 82 | 209 | 41 | ** Reissue independent claims over original patent |  | 110 | 22 | 210 | 11 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)</b> |  |  |  | <b>—</b> |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description   | Fee Paid                   |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 105   | 130                        | 205   | 65                         | Surcharge - late filing fee or oath  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 127   | 50                         | 227   | 25                         | Surcharge - late provisional filing fee or cover sheet.                    |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 139   | 130                        | 139   | 130                        | Non-English specification  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 147   | 2,520                      | 147   | 2,520                      | For filing a request for reexamination                                     |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 112   | 920*                       | 112   | 920*                       | Requesting publication of SIR prior to Examiner action                     |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 113   | 1,840*                     | 113   | 1,840*                     | Requesting publication of SIR after Examiner action                        |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 115   | 110                        | 215   | 55                         | Extension for reply within first month                                     |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 116   | 400                        | 216   | 200                        | Extension for reply within second month                                    |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 117   | 950                        | 217   | 475                        | Extension for reply within third month                                     |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 118   | 1,510                      | 218   | 755                        | Extension for reply within fourth month                                    |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 128   | 2,060                      | 228   | 1,030                      | Extension for reply within fifth month                                     |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 119   | 310                        | 219   | 155                        | Notice of Appeal   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 120   | 310                        | 220   | 155                        | Filing a brief in support of an appeal                                     |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 121   | 270                        | 221   | 135                        | Request for oral hearing   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 138   | 1,510                      | 138   | 1,510                      | Petition to institute a public use proceeding                              |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 140   | 110                        | 240   | 55                         | Petition to revive - unavoidable   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 141   | 1,320                      | 241   | 660                        | Petition to revive - unintentional   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 142   | 1,320                      | 242   | 660                        | Utility issue fee (or reissue)   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 143   | 450                        | 243   | 225                        | Design issue fee   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 144   | 670                        | 244   | 335                        | Plant issue fee  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 122   | 130                        | 122   | 130                        | Petitions to the Commissioner  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 123   | 50                         | 123   | 50                         | Petitions related to provisional applications                              |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 126   | 240                        | 126   | 240                        | Submission of Information Disclosure Stmt                                  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 581   | 40                         | 581   | 40                         | Recording each patent assignment per property (times number of properties) |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 146   | 790                        | 246   | 395                        | Filing a submission after final rejection (37 CFR 1.129(a))                |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 149   | 790                        | 249   | 395                        | For each additional invention to be examined (37 CFR 1.129(b))             |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| Other fee (specify) _____   |                            |   |                            |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| Other fee (specify) _____   |                            |   |                            |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| * Reduced by Basic Filing Fee Paid  |                            |   |                            |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| <b>2. EXTRA CLAIM FEES</b>  |                            | <b>SUBTOTAL (3) (\$)</b>  |                            |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| <p>Total Claims <u>18</u> - 20** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Independent Claims <u>2</u> - 3** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Multiple Dependent <u>—</u> = <u>—</u></p> <p>**or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>790</td><td>201</td><td>395</td><td>Utility filing fee</td><td>395</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="4" style="text-align: center;"><b>SUBTOTAL (1) (\$)</b></td><td><b>395.00</b></td></tr> </tbody> </table> |                            | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   | 101             | 790      | 201 | 395 | Utility filing fee | 395 | 106                                 | 330 | 206 | 165 | Design filing fee |    | 107   | 540 | 207 | 270 | Plant filing fee |     | 108                       | 790 | 208 | 395   | Reissue filing fee |       | 114                                    | 150 | 214 | 75   | Provisional filing fee |      | <b>SUBTOTAL (1) (\$)</b>                               |  |     |        | <b>395.00</b> | <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description   | Fee Paid                   |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 101   | 790                        | 201   | 395                        | Utility filing fee   | 395                        |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 106   | 330                        | 206   | 165                        | Design filing fee  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 107   | 540                        | 207   | 270                        | Plant filing fee   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 108   | 790                        | 208   | 395                        | Reissue filing fee   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 114   | 150                        | 214   | 75                         | Provisional filing fee   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| <b>SUBTOTAL (1) (\$)</b>  |                            |   |                            | <b>395.00</b>  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| <b>1. BASIC FILING FEE</b>  |                            | <b>SUBTOTAL (2) (\$)</b>  |                            |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>790</td><td>201</td><td>395</td><td>Utility filing fee</td><td>395</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="4" style="text-align: center;"><b>SUBTOTAL (1) (\$)</b></td><td><b>395.00</b></td></tr> </tbody> </table>   |                            | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   | 101             | 790      | 201 | 395 | Utility filing fee | 395 | 106                                 | 330 | 206 | 165 | Design filing fee |    | 107   | 540 | 207 | 270 | Plant filing fee |     | 108                       | 790 | 208 | 395   | Reissue filing fee |       | 114                                    | 150 | 214 | 75   | Provisional filing fee |      | <b>SUBTOTAL (1) (\$)</b>                               |  |     |        | <b>395.00</b> | <p>2. <b>EXTRA CLAIM FEES</b></p> <p>Total Claims <u>18</u> - 20** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Independent Claims <u>2</u> - 3** = <u>—</u> X <u>—</u> = <u>—</u></p> <p>Multiple Dependent <u>—</u> = <u>—</u></p> <p>**or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>22</td><td>203</td><td>11</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>82</td><td>202</td><td>41</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>82</td><td>209</td><td>41</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>22</td><td>210</td><td>11</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="4" style="text-align: center;"><b>SUBTOTAL (2) (\$)</b></td><td><b>—</b></td></tr> </tbody> </table> |   | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 103 | 22                                     | 203 | 11  | Claims in excess of 20 |     | 102 | 82                                      | 202 | 41  | Independent claims in excess of 3 |     | 104 | 270                                    | 204 | 135 | Multiple dependent claim, if not paid |     | 109 | 82                                      | 209 | 41  | ** Reissue independent claims over original patent |     | 110   | 22                                     | 210 | 11  | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2) (\$)</b> |                  |  |     | <b>—</b> |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description   | Fee Paid                   |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 101   | 790                        | 201   | 395                        | Utility filing fee   | 395                        |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 106   | 330                        | 206   | 165                        | Design filing fee  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 107   | 540                        | 207   | 270                        | Plant filing fee   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 108   | 790                        | 208   | 395                        | Reissue filing fee   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 114   | 150                        | 214   | 75                         | Provisional filing fee   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| <b>SUBTOTAL (1) (\$)</b>  |                            |   |                            | <b>395.00</b>  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description   | Fee Paid                   |  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 103   | 22                         | 203   | 11                         | Claims in excess of 20   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 102   | 82                         | 202   | 41                         | Independent claims in excess of 3  |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 104   | 270                        | 204   | 135                        | Multiple dependent claim, if not paid                                      |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 109   | 82                         | 209   | 41                         | ** Reissue independent claims over original patent                         |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| 110   | 22                         | 210   | 11                         | ** Reissue claims in excess of 20 and over original patent                 |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |
| <b>SUBTOTAL (2) (\$)</b>  |                            |   |                            | <b>—</b>   |                            |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |               |   |   |                            |                            |                 |          |     |  |     |     |                        |     |     |   |     |     |                                   |     |     |  |     |     |                                       |     |     |   |     |     |  |     |       |  |     |     |  |     |                          |                  |  |     |          |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |  |  |                            |  |                          |  |   |  |                            |                            |                 |          |     |     |     |     |                    |     |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |               |   |  |                            |                            |                 |          |     |    |     |    |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |    |  |  |                          |  |  |  |          |

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| <b>SUBMITTED BY</b>   |                           | <b>Complete (if applicable)</b> |                  |
| Typed or Printed Name | <u>Andreas von Flotow</u> | Reg. Number                     |                  |
| Signature             | <u>A. von Flotow</u>      | Date                            | <u>28 May 98</u> |
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